

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045781

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1
FILED JAN 2 1962

3000

397

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Kirksville

Length of stay in 1b

12 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Kirksville Osteopathic
Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Adair

Inside Limits

Yes ☐ No ☐

c. CITY

OR
TOWN

Kirksville

d. STREET

ADDRESS

(If outside, give location)

1113 No. Luther

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First
ETTAMiddle
MARGARETLast
VANSICKLE

4. DATE OF DEATH

Month

Dec 16, 1962

Day

Year

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2 Dec 1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Adair County, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Adam J. Conder

13b. MOTHER'S MAIDEN NAME

Minerva Holliday

14. NAME OF HUSBAND OR WIFE

Levi Vansickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes ☐ or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Levi Vansickle Kirksville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure with Ventricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

10 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

2. Ventricular and Aortic Atherosclerosis

4 days

DUE TO (c)

2. Bundle Branch Block of Heart

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hydrops of Gall Bladder due to Obstructing Cystic Duct due to Calculi, Acute Pancreatitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-13-62

to

12-16-62

her

and last saw him alive on 12-16-62

Death occurred at

11:45

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James F. Life, D.O.

22b. ADDRESS

800 W. Jefferson, Kirksville, Mo

22c. DATE SIGNED

12-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

18 Dec 1962

23c. NAME OF CEMETERY OR CREMATORY

Maple Hills Cemetery

23d. LOCATION (City, town, or county)

Kirksville, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

HUDSON-RIMER FUNERAL HOMES Edina, Mo

25. DATE RECD. BY LOCAL REG.

12-24-62

26. REGISTRAR'S SIGNATURE

James W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

ITEM NO.

VS 300
Rev. 4/59

6017

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13 1 - 0

James F. Clipp, D.O.

259-34-8693 Mr. Levt Vansionko Kirovskaya, Mo.

on, snidb 1110H 11-1111 1111-1111